

**PRO RATA TOBACCO SETTLEMENT DISTRIBUTION
HOSPITAL DISTRICT EXPENDITURE STATEMENT – 2004**

www.tdh.state.tx.us/dpa/tobacco.htm

Name of Hospital District: _____

Provide the **calendar year 2003 unreimbursed health care expenditures** for your hospital district with in the categories designated below. The Agreement Regarding Disposition of Settlement Proceeds states that these expenditures shall be calculated as follows:

“The total annual unreimbursed health care expenditures for a hospital district are defined as the total amount of taxes collected by the hospital district, together with the unreimbursed amounts expended by a county coterminous with such hospital district for jail health care.”

Allowable Expenditure Categories

A. Total amount of taxes collected by the hospital district: \$ _____

B. ¹Unreimbursed county expenditures for jail health care: \$ _____

C. ²Other allowable expenditures: \$ _____

**Total allowable expenditures
(Expenditure categories A+B+C):**

\$ _____
**(Amount claimed by hospital
district for pro rata distribution in
2004)**

***Pro Rata Tobacco Settlement Distribution
Hospital District Expenditure Statement - 2004***

¹Unreimbursed jail health care expenditures may be calculated using either of the following two methods. The total may include unreimbursed health care expenditures for juveniles held under court commitment at county expense. Indirect costs must be excluded from the calculation.

(1) determine the total expenditures based on itemized health care expenses for prisoners over the entire year, subtracting any reimbursement received from entities outside your political subdivision to cover health care expenses for individual prisoners; or

(2) Determine the total expenditures based on itemized health care expenses for the entire year and apply the following formula:

$$\text{Total Prisoner Health Care} \times \frac{\text{Unreimbursed Jail Population}}{\text{Total Jail Population}} = \text{Unreimbursed Health Care Expenses}$$

Attach a worksheet indicating which of the above methods you used to calculate unreimbursed jail health care expenditures, as well as the base numbers for your calculation.

²Note the following additional provision in the tobacco settlement agreement, Section 5.B (4):

“To the extent not already included, a political subdivision shall be eligible to include expenditures from the political subdivision reserve funds and other expenditures, to the extent they are verifiable, which are attributable to proceeds from the **sale or lease of public health care facilities**. To the extent that proceeds from the sale or lease of public health care of the political subdivision performed by the purchaser or lessee, such services shall be valued as if they had been reimbursed at Medicaid rates.”

Also attach a worksheet indicating the base numbers for your calculation of category C expenditures.

The deadline for submission of this form to the Texas Department of Health is March 31, 2004. The target date for payment by the Comptroller of Public Accounts to the political subdivisions, based on this information, is April 30, 2004.

The information submitted on this form is subject to audit by the State of Texas. If ineligible expenditures are identified through an audit following payment to a subdivision, the ineligible amount may be deducted from the subsequent year's payment to that subdivision, in addition to a penalty assessment.

***Pro Rata Tobacco Settlement Distribution
Hospital District Expenditure Statement - 2004***

This is to certify that the above expenditures are eligible for pro rata payment in accordance with the Agreement Regarding Disposition of Settlement Proceeds between the State of Texas and American Tobacco Company, et al.

Name of Hospital District:_____

Name of Certifying Officer:_____

Certifying Officer's Title:_____

Certifying Officer's Signature:_____

Signature Date: _____ Telephone Number: (____) _____

Name of County in which Hospital District is located:_____

If you chose to have your completed signed expenditure statement (1) hand delivered or (2) faxed or (3) e-mailed to TDH, it must be received no later than 5:00 p.m., March 31, 2004. If you elect to mail (via the U.S. Postal Service) or ship (via a commercial mail service) your completed signed expenditure statement, the postmark must reflect a date no later than midnight, March 31, 2004. STATEMENTS THAT DO NOT INCLUDE A SIGNATURE WILL NOT BE ACCEPTED. Statements are to be addressed to:

**Texas Department of Health
Attn: Peggy Belcher
1100 W. 49th Street, Room G - 115
Austin, Texas 78756-3199**

You may direct any questions to Ms. Belcher at the above address or by telephone, fax, or e-mail as follows:

Tel.: (512) 458-7111, Ext. 2237 Fax: (512) 458-7537 E-mail: peggy.belcher@tdh.state.tx.us

TDH WILL ACKNOWLEDGE IN WRITING THE RECEIPT OF ALL COMPLETED SIGNED EXPENDITURE STATEMENTS.